



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

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WEBSITE: WWW.DPR.DELAWARE.GOV

**VOLUNTARY TREATMENT OPTION REFERRAL FORM**  
**(A Professional Assistance Program)**

This program is intended to provide an opportunity for regulated professionals who may be experiencing difficulties with chemical dependency (alcohol or other drugs) or impairment to access professional help while maintaining their professional standing. It is not available to licensees who have committed any offense other than the status of being chemically dependent or impaired, that would constitute grounds for discipline under applicable laws governing the regulated profession.

In order for the Department of State, Division of Professional Regulation to accept a referral for a professional licensee to be considered for the Voluntary Treatment Option Program, an individual must complete the following information. This Voluntary Treatment Option Referral Form should be typewritten or clearly printed in blue or black ink, signed and returned to the Division of Professional Regulation, Attn: Director, Division of Professional Regulation, Cannon Building, Suite 203, Dover, Delaware 19904-2467.

**\*\*Pursuant to Title 24 Del. C., § 8735 (n) (11), any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal, or disciplinary liability arising from such reports, and shall have his/her confidentiality protected if the matter is handled in a non-disciplinary matter. However, should this matter proceed to a disciplinary hearing, your confidentiality will not be protected and you may be required to testify concerning the subject matter of your referral.**

**A. LICENSEE INFORMATION:**

LAST NAME		FIRST	MIDDLE INITIAL
PROFESSION OF LICENSEE			
CURRENT EMPLOYER			
STREET ADDRESS			
CITY	STATE		ZIP CODE
HOME PHONE		WORK PHONE	
EMAIL ADDRESS (IF KNOWN)			

**CONTINUE TO PAGE 2**

**B. DESCRIPTION OF REFERRAL:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**C. SIGNATURE OF REFERRING PARTY:**\_\_\_\_\_

**DATE :** \_\_\_\_\_

**To view the laws, rules and regulations of a specific board or commission, or more information about the Voluntary Treatment Option program, please visit the Division of Professional Regulation's website at [www.dpr.delaware.gov](http://www.dpr.delaware.gov)**